

APPENDIX F

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT MAGNETIC TAPE/CARTRIDGE TRANSMITTAL FORM

EMPLOYER OR EMPLOYER'S AGENT:	
TDL & WD ACCOUNT NUMBERS:	QUARTER/YEAR
STREET ADDRESS:	
CITY, STATE, ZIP:	
CONTACT PERSON:	
TELEPHONE NUMBER:	EXTENSION
<input type="checkbox"/> CHANGE IN ANY OF THE ABOVE	<input type="checkbox"/> RETURNING CORRECTED TAPE

ALL ACCOUNTS SHOULD BE SUBMITTED ON ONE CARTRIDGE:
(TAPES) CARTRIDGE
MAKE/MODEL OF COMPUTER USED TO CREATE THE FILE:

TAPES: STANDARD/INTERNAL LABELS ARE PREFERRED:		
RECORD LENGTH	BLOCK SIZE	LABELED
OUTPUT FORMAT:	<input type="checkbox"/> ASCII	<input type="checkbox"/> EBCDIC

NOTE: LIST ADDITIONAL ACCOUNTS ON CONTINUATION SHEET

LIST THE NAME AND ACCOUNT NUMBER FOR ALL EMPLOYERS INCLUDED ON THE TAPE(S) USING ADDITIONAL SHEET(S) IF NEEDED. IF YOU ARE REPORTING FOR MULTIPLE EMPLOYERS AND SUBMITTING MORE THAN ONE TYPE OF MEDIA, ALSO INDICATE THE TYPE OF MEDIA USED TO REPORT TOTAL QUARTERLY WAGE DATA FOR EACH EMPLOYER.

EMPLOYER NAME	ACCOUNT NUMBER	TYPE OF MEDIA